

## Countrywide Care Homes (2) Limited

# Barnes Court Care Home

### Inspection report

Wycliffe Road  
High Barnes  
Sunderland  
Tyne and Wear  
SR4 7QG

Tel: 01915202000

Date of inspection visit:  
28 August 2018

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19 September 2018

### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

This inspection took place on 28 August 2018 and was unannounced. We last inspected the home on 7, 8 and 20 February 2017. We found the provider was meeting the regulations and rated the home as overall 'Good'.

Barnes Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates 89 people on three floors in one adapted building. When we inspected there were 54 people living at the home.

When we last inspected the home, we found it was not always well-led as there was no registered manager. We found the home now had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People and staff gave us mostly positive feedback about the management of the home.

Sufficient staff were deployed at the home to meet people's needs. People told us staff responded quickly when they needed help. Staff also confirmed staffing levels were appropriate. We observed staff were available throughout the home to assist people should they need help. The registered manager monitored staffing levels to ensure they remained at a suitable level.

Medicines were managed safely. Records confirmed people received their medicines on time. Staff had completed specific training and checks were carried out to ensure they remained competent. The registered manager completed checks of the medicines systems to quickly identify and resolve any issues.

People and staff felt the home was a safe place. Staff had a good understanding of safeguarding and knew how to raise concerns if required. Staff told us they would not hesitate to use the whistle blowing procedure if they had concerns about a person's safety. Previous safeguarding concerns had been referred to the local authority safeguarding team and thoroughly investigated.

Potential risks were managed and regular health and safety checks carried out to maintain safety in the home.

The registered manager analysed incidents and accidents that happened in the home. They had acted to ensure robust action had been taken to keep people safe and identify lessons learnt.

There were regular opportunities for people and staff to give feedback about the home. For example, regular meetings and formal consultation. The provider had a structured approach to quality assurance. Action plans were developed and progress was monitored.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service has improved to Good.

# Barnes Court Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted due to receiving anonymous information relating to inadequate staffing levels and the availability of medicines.

This inspection took place on 28 August 2018 and was unannounced. The inspection team was carried out by one inspector, one specialist advisor who was a nurse and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We had regular communication with the local authority commissioners of the service, the local authority safeguarding team and the clinical commissioning group (CCG).

We spoke with eight people who used the service and two relatives. We also spoke with the registered manager, one nurse, one care practitioner, four care staff, a chef and a member of the domestic staff team. We looked at a range of records relating to the management and safety of the service.

# Is the service safe?

## Our findings

People told us they felt safe and reassured living at Barnes Court. People said, "Yes I do feel safe. Staff are always there for me...Staff check on me day and night" and "Yes, it is all secure, there's always staff here and everything is well protected."

Prior to this inspection we received anonymous concerns about staffing levels. We found staffing levels were appropriate to meet people's needs. Rotas showed there were usually nine or ten care staff on duty, with either three nurses or two nurses and a nurse practitioner providing clinical care. A range of ancillary staff including kitchen, domestic and maintenance staff were also on duty. The registered manager regularly monitored staffing levels to ensure they were enough to meet people's needs.

We discussed the availability of staff with people. They said staff responded quickly to their requests for assistance. We saw staff were on hand if people needed help. People commented, "There are enough staff, although they are always busy, they still make time for me when I need to talk. I haven't seen any agency staff here, so they must be pretty well staffed", and, "There are enough staff and very obliging. Staff are very pleasant." Likewise, staff gave us similarly positive feedback. The provider continued to recruit new staff safely.

Medicines were administered safely, including those liable to misuse (sometimes known as controlled drugs) and when required medicines. Recent delays in receiving medicines had been resolved through joint working with the local pharmacy and GP. The provider had effective systems to ensure medicines were received safely into the home. Medicines were stored safely with regular checks to ensure this remained the case. Staff had access to the information they needed to ensure 'when required' medicines were administered safely.

Staff administering medicines had completed relevant training and had their competency assessed. The service uses an electronic system for recording the receiving and administration of medicines. The system had in-built checks to track that people had received the right medicines each day. The registered manager also completed additional checks of the medicines administration systems. People confirmed they received their medicines when they were due. One person told us, "I do get my medication on time." Another person said, "Yes, my medication is usually on time."

Staff sensitively supported people who displayed behaviours that challenge others. Staff had a good knowledge of the individual strategies for each person and this was consistent with people's care plans. One staff member said, "It is about knowing the resident well and using diversion methods or reassuring the person. You may need to remove the person from the situation so that they can calm down and talk." There were good links with community professionals who provided additional support and advice, as well as personalised training for staff on how to support people.

There were systems to identify and reduce risks to people's safety. Risk assessments and health and safety checks were carried out. Incidents and accidents were monitored and action taken to improve safety. The

provider also had procedures to maintain people's safety in an emergency. Staff had a good knowledge of safeguarding and the whistle blowing procedure and knew how to raise concerns. Safeguarding concerns had been referred to the local authority and fully investigated.

## Is the service well-led?

### Our findings

When we last inspected Barnes Court we concluded the home was not always well-led and rated it Requires Improvement. This was because when we inspected the home did not have a registered manager. The home now had a registered manager and the rating has improved to Good.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Most people and staff said the home was well run. People knew who the registered manager was. One person said, "I do know who the manager is. She's very busy but if I need her, she's there for me. She keeps the home running nice." Another person commented, "[Registered manager] is approachable. If I had a problem I could talk to her." Staff commented, "[Registered manager] has always got her door open. If I have concerns I can have a chat" and "[Registered manager] has always been approachable. She has been helpful to me".

People and staff described the home as having a good atmosphere. One person said the home was a "happy" place. Another person told us, "The atmosphere here is good. I have no complaints." Staff commented, "Everyone gets along great" and "there is a nice atmosphere in the home".

There were opportunities for people, relatives and staff to share their views about the care provided at the home. We viewed minutes from previous meetings with people which showed a range of topics had been discussed. For example, they had been asked for views about their care, the meals provided and social activities. Feedback had been positive in these areas. The findings from the most recent consultation with people and staff were displayed in the reception area. We noted the results were positive. For example, most people said staff knew them well and had a good knowledge of their needs and preferences. Specific improvements had been suggested about more opportunities for trips and outings, meal suggestions and staffing. The provider had responded to these with actions such as reviewing the activity programme and involving people in reviewing the menus.

Staff had also given positive feedback when they were consulted. For instance, over 80% of staff felt the registered manager was approachable, listened to them and was committed to helping them develop new skills.

The provider continued to operate a structured approach to quality assurance. This included regular checks of medicines management, health and safety and infection control. The provider's quality control personnel also completed regular checks of the quality and safety of the home. We noted reports were written which included an action plan from each visit. The actions from previous visits had also been reviewed to ensure actions had been completed on time. Quality systems had been effective in promptly identifying and resolving issues.



